

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VINN	12/	11-27-01
O.I.P.E. CLASSIFIER	H-5	866	12-10-01
FORMALITY REVIEW	M.D.	625	02-25-02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	11-27-01
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Claim	Date
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Claim	Date
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If more than 100 claims are entered, staple additional sheet here
BEST AVAILABLE COPY

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11-27-01
 12-10-01
 02-25-02